


12/05/01  
JC971 U.S. PTO

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PTO/SB/05 (03-01)  
Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	END058
	First Inventor	Michu Marek
	Title	Imaging Device with Angle
	Express Mail Label No.	EF398215189US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 21]  
*(preferred arrangement set forth below)*
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 5]
5. Oath or Declaration [Total Pages 2]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
*(for continuation/divisional with Box 18 completed)*
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

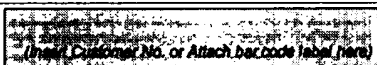
7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

- | ACCOMPANYING APPLICATION PARTS  |   |
|---|---|
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))  |   |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)   | <input checked="" type="checkbox"/> Power of Attorney       |
| 11. <input type="checkbox"/> English Translation Document (if applicable)   |   |
| 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449   | <input checked="" type="checkbox"/> Copies of IDS Citations |
| 13. <input type="checkbox"/> Preliminary Amendment  |   |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)                                  |   |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)  |   |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. |   |
| 17. <input type="checkbox"/> Other:   |   |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation    ☐ Divisional    ☐ Continuation in part (CIP)    of prior application No. \_\_\_\_\_ / \_\_\_\_\_  
 Prior application information    Examiner \_\_\_\_\_    Group Art Unit \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label				or <input checked="" type="checkbox"/> Correspondence address below	
Name	Ingrid M. Tiggart				
Address	702 SE 5th Ave				
City	Hillsboro	State	OR	Zip Code	97123
Country	US	Telephone	503 640 9980	Fax	640 9981

Name (Print/Type)	Ingrid M. Tiggart	Registration No. (Attorney/Agent)	37,150
Signature	Ingrid M. Tiggart	Date	12-5-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

JC926 U.S. PTO  
 10/010527  
 12/05/01

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 1026.00)

## Complete if Known

Application Number

Filing Date

First Named Inventor

Examiner Name

Group Art Unit

Attorney Docket No.

12-5 01

McNemar

ENDC-58

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number  
Deposit Account Name

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Code (\$) Code (\$)

101 740 201 370

106 330 206 165

107 510 207 255

108 740 208 370

114 160 214 80

Fee Description

Fee Paid

SUBTOTAL (1) (\$ 740.00)

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims Fee from below Fee Paid

Total Claims 29 -20\*\* = 9 x 18 = 162

Independent Claims 4 -3\*\* = 1 x 54 = 54

Multiple Dependent ☐ = ☐

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Code (\$) Code (\$)

103 18 203 9

102 84 202 42

104 280 204 140

109 84 209 42

110 18 210 9

Fee Description

SUBTOTAL (2) (\$ 246.00)

\*\*or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Code (\$) Code (\$)

105 130 205 65

127 50 227 25

139 130 139 130

147 2,520 147 2,520

112 920\* 112 920\*

113 1,840\* 113 1,840\*

115 110 215 55

116 400 216 200

117 920 217 460

118 1,440 218 720

128 1,960 228 980

119 320 219 160

120 320 220 160

121 280 221 140

138 1,510 138 1,510

140 110 240 55

141 1,280 241 640

142 1,280 242 640

143 460 243 230

144 620 244 310

122 130 122 130

123 50 123 50

126 180 126 180

581 40 581 40

146 740 246 370

149 740 249 370

179 740 279 370

169 900 169 900

Fee Description

Fee Paid

Surcharge - late filing fee or oath

Surcharge - late provisional filing fee or cover sheet

Non-English specification

For filing a request for ~~ex~~ parte reexamination

Requesting publication of SIR prior to Examiner action

Requesting publication of SIR after Examiner action

Extension for reply within first month

Extension for reply within second month

Extension for reply within third month

Extension for reply within fourth month

Extension for reply within fifth month

Notice of Appeal

Filing a brief in support of an appeal

Request for oral hearing

Petition to institute a public use proceeding

Petition to revive - unavoidable

Petition to revive - unintentional

Utility issue fee (or reissue)

Design issue fee

Plant issue fee

Petitions to the Commissioner

Processing fee under 37 CFR 1.17(q)

Submission of Information Disclosure Stmt

Recording each patent assignment per property (times number of properties)

Filing a submission after final rejection (37 CFR § 1.129(a))

For each additional invention to be examined (37 CFR § 1.129(b))

Request for Continued Examination (RCE)

Request for expedited examination of a design application

Other fee (specify):

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40.00)

## SUBMITTED BY

Name (Print/Type)

Signature

Ingrid McTiggett

Ingrid McTiggett

Registration No (Attorney/Agent)

37,150

Complete (if applicable)

Telephone

Date

(603) 640-9950

12-5 01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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